



CURRENT SECTION 8 TENANTS ONLY
(Not Waiting List Applicants)



INTERIM CHANGE REQUEST FORM

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

INSTRUCTIONS:

- **All change requests must be in writing within 14 days of change.**
- **Required verification must be included.**
- **No change requests will be accepted over the phone.**
- **Form and verifications must be complete**
- **Form to be submitted to:**
Frederick County Department of Housing and Community Development
520 North Market Street, Frederick, MD 21701.

This form may be downloaded from the Housing Website at www.FrederickCountyMD.gov/housing, or obtained in person from the Front Desk Receptionist at 520 North Market Street, Frederick, MD 21701.

Participant Name: _____

Address: _____

Current Phone#: _____ **Date:** _____

TYPE OF CHANGE: (check one, briefly explain change, & follow specific instructions)

- _____ Increase in Income
- _____ Decrease in Income
- _____ Increase in Family Size (birth, adoption or court awarded custody, marriage)
- _____ Decrease in Family Size
- _____ Child care change
- _____ Other(explain): _____

BRIEFLY EXPLAIN CHANGE: _____

INCREASE IN INCOME

- **Employment:** Attach letter from employer on original letterhead with original signature of employer. Letter must state gross income, either annually or hourly wages with number of hours.
- **Other:** Attach copy of award letter or other documentation

DECREASE IN INCOME

- **Loss of Employment:** Attach letter from employer on original letterhead with original signature of employer
- **Other:** Attach written documentation
- **If at Zero Income:** Need a completed, notarized zero income statement. Pickup at office.

See Back for More Information

Note: Any additions to household require written approval from your landlord.

INCREASE IN FAMILY SIZE: ONLY APPLIES TO CHILDREN UNDER 18

- Attach copy of birth certificate, adoption papers, or court awarded custody
- Attach copy of social security card

REQUEST TO ADD AN ADULT TO HOUSEHOLD: (ANYONE 18 OR OVER)

- Complete above (as for child) AND,
- **Any adult must have written approval from FCDHCD to be added to the household before they may reside in the unit.**
- The DCHD will contact you to make appointments necessary complete this process.

DECREASE IN FAMILY SIZE

- Who left?
Name _____ Social Security _____
- Where did they go?
Address: _____
- When did the change occur? _____
- Attach proof (i.e. copy of lease, utility bill, affidavit statement, or some other written documentation)

CHILD CARE CHANGE

- Provide name/address of provider, name of child/children in care & amount paid
- If you receive POC/ workcare, you must indicate the amount you pay.

OTHER CHANGE

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and Maryland state law. Punishment may include incarceration and severe monetary fines.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

	XXX – XX -
Signature of Participant	Social Security #

Form must be returned to:

Frederick County DHCD / Attn: Rental Programs, Section 8
520 North Market Street • Frederick, Maryland 21701
301-600-3504 • FAX 301-600-3585 • TTY Use Maryland Relay
www.FrederickCountyMD.gov/Housing

If Faxing or Mailing Form, please call to verify that form has been received.